



FIELD TRIP PERMISSION SLIP

_____ will be participating in a field trip visit to
STUDENT'S NAME AND ID#

Bands of America Regional Championships at Northern Arizona University in Flagstaff, Arizona

The group will leave school on **Saturday Oct. 5, 2024 at approx. 5 AM** and return to school on **Sunday Oct. 6, 2024 at approx. 1 AM**

Transportation will be as follows:

SCHOOL BUS BOTH WAYS	School car or van(s):
Walking	Other (explain): Charter Buses

Special activity cost for this trip will be \$100 which includes **Transportation, Bus Drivers/Staff Hotel, Registration and Clinic Fee, and Student/Staff admission to Competition**

A sack lunch **is not** required.

_____ has my permission to participate in the field trip above.
STUDENT'S NAME AND ID#

In the event of an emergency, please contact: _____
NAME

HOME PHONE # WORK PHONE # CELL PHONE #

Please note any medication the student is currently taking or attention which should be observed in the case of an emergency:

SIGNATURE OF PARENT OR GUARDIAN

DATE

FIELD TRIP MEDICATION PROCEDURE

Medications must be furnished by the parent to the teacher. **Students may not bring in the medication.** If it is a prescribed medication, it must be in its **ORIGINAL PHARMACY BOTTLE WITH CURRENT DATE**, labeled with the child's name, prescription number, and identification of medication along with correction instructions. Over-the-counter medicines must also be in their original containers with labels intact to identify. School personnel will not be responsible or liable for any reaction to medicines given in accordance with the directions on the label. All medication will be kept by the teacher or trip leader.

Parents are responsible for giving necessary student medications to the teacher. Please bring only the number of doses needed for this field trip to the teacher in the ORIGINAL CONTAINER. Please see that the teacher/leader has the medication prior to the departure of the trip.

FIELD TRIP MEDICATION PERMISSION FORM

(If your child must take medication while on the field trip, please fill out the following form completely)

I request MRHS Band Director, Band Staff and/or First Aid Volunteers sees that my child
TEACHER OR FIELD TRIP LEADER

_____ receives the following medication(s) on this field trip.
STUDENT'S NAME AND ID#

MEDICATION DOSAGE TIME TO BE GIVEN

PRESCRIPTION # REASON FOR MEDICATION

MEDICATION DOSAGE TIME TO BE GIVEN

PRESCRIPTION # REASON FOR MEDICATION

Special Instructions: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE